

Building an effective journal club among nurses: An action research from the United Arab Emirates



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Abstract

Background: Journal clubs (JCs) are widely used to enhance nurses' knowledge, promote evidence-based practice, and support professional development. However, in many clinical settings, JCs lack structured implementation and rigorous evaluation, especially in large, dispersed healthcare systems.

Objective: To implement a structured journal club framework among nurses in a major healthcare organization and evaluate its effectiveness in improving knowledge, research engagement, and professional satisfaction.

Methods: An action research design was conducted from September 2023 to June 2024 within Abu Dhabi Health Service Company (SEHA), the largest healthcare provider in the UAE. Eight JC meetings were held virtually. Attendance records showed that 551 nurses participated at least once, with a total attendance frequency of 827. For evaluation, 55 nurses who attended at least three meetings were invited to complete a mixed-methods survey, of whom 34 responded (62% response rate). Quantitative data were analyzed for reliability, validity, and correlation using Cronbach's alpha, the Shapiro-Wilk test, and Kendall's tau. Qualitative responses ($n = 31$) were thematically analyzed.

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Article info

Received: 15 March 2025 | Revised: 16 April 2025 | Accepted: 4 June 2025

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Results: High internal reliability was demonstrated across all evaluation scales (Cronbach's $\alpha = 0.96\text{--}0.98$). Strong positive correlations were found between JC implementation, perceived benefits, and satisfaction ($\tau = 0.778\text{--}0.894$, $p < 0.001$). Participants reported high agreement with statements reflecting the success of the JC framework, its usefulness, and overall satisfaction (mean > 4.0 out of 5). Thematic analysis revealed three main themes: perceived benefits (e.g., improved article appraisal skills, knowledge updates, and research engagement), perceived limitations (e.g., virtual format and low discussion participation), and suggested improvements (e.g., unit-based and face-to-face sessions).

Conclusion: The structured JC framework was positively received and perceived as beneficial by engaged participants. While limited by sample size and context, the study indicates potential value in continuing and expanding the initiative, particularly through unit-based adaptations and enhanced participation strategies.

Keywords

nursing; healthcare; online; journal club; knowledge management; action research; United Arab Emirates

Background

Absorptive capacity refers to an organization's ability to acquire external knowledge, assimilate it, and apply it for innovation (Cohen & Levinthal, 1990). In this context, the open innovation model described by Chesbrough (2003) plays a critical role by facilitating the bidirectional flow of knowledge, both into and out of the organization. This exchange enhances the integration of internal and external knowledge sources, enabling their effective utilization within the organization.

Over time, scholars have developed various strategies to enhance absorptive capacity, improve knowledge management, and foster innovation. One notable example is the Journal Club (JC), introduced by Sir William Osler in 1875 at McGill University and later institutionalized at Johns Hopkins Hospital in 1889 (Linzer, 1987). JC meetings were designed to cultivate critical appraisal skills among physicians, nurses, and social workers, helping them stay current with the literature, rigorously evaluate research, and incorporate evidence into their clinical practice.

A JC typically consists of a group that convenes regularly to critically evaluate scientific articles and assess their relevance to clinical practice. These meetings offer several advantages, including the development of critical appraisal skills, improved research literacy, enhanced evidence-based practice, and the

promotion of professional networking. They also contribute to academic dialogue and can even result in new research publications (Bowles et al., 2013). Studies have highlighted the tangible benefits of JC participation, such as influencing clinical practice (Dall'Oglio et al., 2018), enriching the knowledge and competencies of nursing managers (Moraes & Spiri, 2019), and inspiring the formation of clinical research teams (Almomani et al., 2019).

The successful establishment of a JC requires thoughtful planning and implementation. Various guidelines have been proposed to assist in this process (Alam & Jawaid, 2009; Bowles et al., 2013; Deenadayalan et al., 2008). An effective JC should be aligned with the specific needs of its participants and focus on addressing clinically relevant questions (Lizarondo et al., 2011). However, challenges persist. Scholars have reported difficulties in bridging the gap between research and practice, as well as a general scarcity of studies focused on the development and impact of JCs (Dall'Oglio et al., 2018; Moraes & Spiri, 2019).

In response to the growing emphasis on evidence-based practice, several nursing departments within Abu Dhabi Health Services Co. (SEHA) introduced JC meetings to incorporate external research findings, particularly from peer-reviewed journals. Despite this initiative, many JC activities lacked consistency and standardization. As a result, they fell short of improving nurses' understanding of research types, methodologies, and critical appraisal skills. These limitations also hindered the translation of research into meaningful improvements in nursing care. This aligns with findings by Bhatnagar et al. (2015), who noted that many JCs remain underutilized and fail to achieve their intended outcomes due to inadequate methodological planning.

To address these shortcomings, there is a pressing need for health organizations to implement JC meetings more strategically. When executed effectively, JCs can serve as powerful tools for enhancing absorptive capacity, promoting knowledge exchange, and fostering research engagement within nursing departments. However, such outcomes require JC meetings to be systematically planned, standardized, and continuously monitored for quality and relevance.

This study applies an action research approach to implement a JC framework developed by Al Amiri (2024). The framework is based on an extensive review of prior studies (Afifi et al., 2006; Almomani et al., 2019; Bhatnagar et al., 2015; Bowles et al., 2013; Dall'Oglio et al., 2018; Draganov et al., 2018; Lizarondo et al., 2011) and incorporates training, implementation auditing, and outcome evaluation. A central feature of the framework is the integration of JC activities into the broader organizational knowledge management system. The goal is to



ensure that JC meetings not only promote evidence-based practice but also lead to quality improvement initiatives and locally relevant research.

The framework proposed by Al Amiri (2024) is composed of four key components. First, it identifies three success factors: organizational support, cultural and contextual awareness, and leveraging individual motivation and expertise. Second, it establishes ambitious goals, such as enhancing critical appraisal skills and fostering a culture of clinical research. Third, it combines methodological and problem-based approaches to journal discussion. The methodological aspect involves analyzing the article's structure—literature review, methods, results, discussion, and conclusion—while the problem-based aspect focuses on applying findings to clinical practice and identifying areas for future research. Fourth, it allows for both face-to-face and virtual JC formats, acknowledging the advantages and limitations of each (Figure 1).

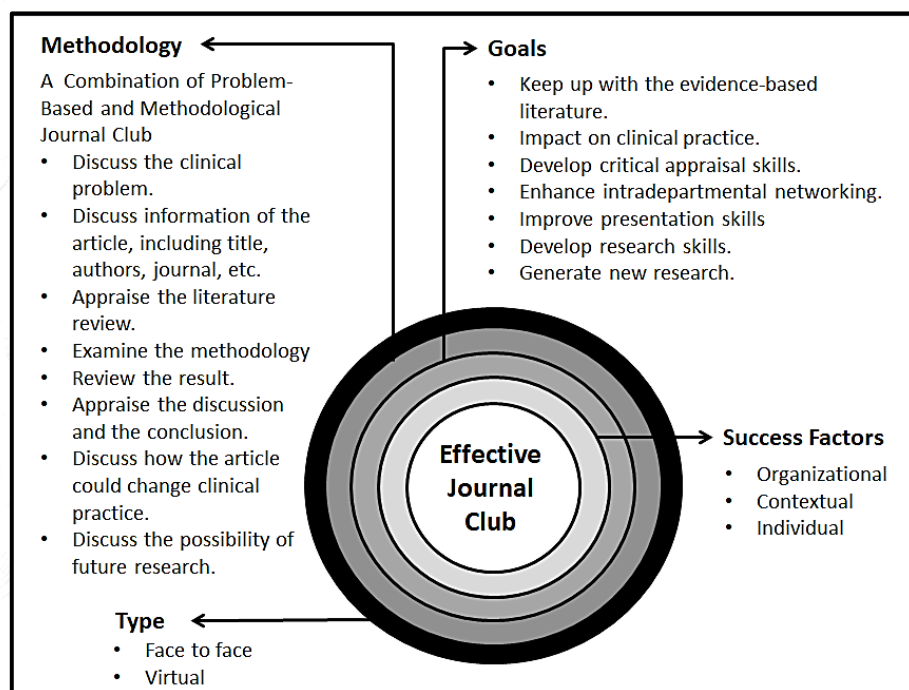


Figure 1 Journal Club framework adopted from Al Amiri (2024)

Based on this framework, the study aims to implement and evaluate a structured and impactful JC model. The objectives are as follows: 1) Implement JC meetings that integrate both problem-based and methodological journal approaches, 2) Evaluate the outcomes of these JC meetings, and 3) Assess the correlation between the framework components, the benefits realized, and participant satisfaction with the JC experience.

Methods

Research Design

This study adopts an action research design aimed at improving conditions and practices relevant to participants within their local context. As [Sagor \(2000\)](#) explains, the value of action research lies in its direct relevance to practice, particularly because the researchers are embedded within the context under study and are themselves end-users of the findings.

Phases of Action Research

[Tripp \(2005\)](#) outlines action research as a process involving three main phases. The first phase involves analyzing the current situation, which includes understanding the context, existing practices, participant roles, and prevailing concerns. The second phase initiates the first action cycle, consisting of planning and implementing targeted actions to bring about improvement, followed by a reassessment of the outcomes. The third phase involves drawing conclusions and making recommendations for future enhancements.

[Tripp \(2005\)](#) also highlights key principles essential to action research. The principal researcher must collaborate with co-researchers and work cooperatively with those who perceive action research as a personally empowering process. In addition to collaboration, the process should involve analyzing the current situation, carefully planning interventions, implementing actions, and measuring their outcomes. Importantly, [Tripp \(2005\)](#) stresses that action research is cyclical in nature, where the initial action cycle serves as a foundation for continuous improvement through subsequent cycles.

In accordance with this structure, the study began by engaging key stakeholders who expressed interest in the project. These stakeholders were introduced to the proposed JC framework and the action plan designed to guide implementation. Core members of the JC received training through a six-hour workshop, as well as preparatory sessions prior to each JC meeting.

The first action cycle, conducted between September 2023 and June 2024, involved a total of eight JC meetings. Following the completion of this cycle, a comprehensive evaluation was carried out using multiple methods to assess the effectiveness of the intervention. Based on the outcomes, a second cycle of eight JC meetings is scheduled to take place from September 2024 to June 2025.

Evaluation Methods

Evaluation of the JC meetings at the end of the first cycle involved reviewing meeting reports and attendance sheets, monitoring outcomes, and administering



a participant survey. The survey combined both quantitative and qualitative components to gather comprehensive feedback.

The survey was divided into three sections. The first section collected demographic data from participants. The second section included quantitative questions using a Likert scale to assess the implementation of JC components, perceived advantages of participation, and overall satisfaction with the JC meetings. The third section sought qualitative feedback regarding the strengths and weaknesses of the JC activities and invited suggestions for improvements in the upcoming cycle.

Only active members who attended at least three of the eight JC meetings were included in the survey. Peripheral members who participated in fewer than three sessions were excluded. This inclusion and exclusion criterion aligns with approaches used in prior studies, such as [Mohamed et al. \(2024\)](#), who excluded participants missing more than one educational session, and [Cahill et al. \(2023\)](#), who included only those who attended at least five of eight JC sessions.

Study Context

This action research was conducted among nurses employed by Abu Dhabi Health Services Company (SEHA), the largest healthcare provider in the United Arab Emirates. SEHA operates eight hospitals and more than 40 health centers across the country. The research period began in September 2023 and concluded in July and August 2024. Given the wide geographic distribution of participants across different cities, the JC meetings were held online to ensure accessibility and participation.

The research team consisted of individuals with academic backgrounds and a demonstrated interest in research. Several members held roles in clinical education across SEHA hospitals and facilities. These individuals initiated and led the action research with the objective of promoting professional development among their peers, serving as leaders and advisory members in the JC.

To minimize potential bias and address challenges inherent in action research, multiple team members were involved in the interpretation and analysis of the collected data.

Ethical Considerations

This study received ethical approval from the SEHA Research Ethics Committee (Ref. No.: SEHA-IRB-024). All participants were informed of the purpose of the survey, and assurances were given that all responses would be kept confidential.

Results

Journal Club Records Summary

An analysis of existing records related to the JC activities indicated that the core group initially selected a wide range of articles. These selections were then refined through group discussions to focus on those most relevant and beneficial, specifically, articles that addressed clinical questions or helped bridge knowledge gaps within the SEHA context. A total of eight JC meetings were conducted as scheduled between September 2023 and June 2024. Meetings were paused during December 2023, the holy month of Ramadan (March 2024), and the summer months of July and August 2024. All sessions were conducted virtually using Microsoft Teams. The review of attendance records revealed that a total of 551 nurses participated in the JC meetings, with a combined attendance of 827 instances across all sessions (Table 1). This includes both one-time attendees and those who participated regularly throughout the cycle.

Table 1 Journal club attendance statistics

| Frequency of Attendance | One time | Two times | Three times | Four times | Five times | Six times | Seven times | Eight times | Total |
|-------------------------|----------|-----------|-------------|------------|------------|-----------|-------------|-------------|-------|
| Number of Nurses | 403 | 89 | 27 | 14 | 8 | 4 | 3 | 3 | 551 |
| Total Attendance | 403 | 178 | 81 | 56 | 40 | 24 | 21 | 24 | 827 |

Table 2 summarizes the JC activities along with proposed initiatives suggested by members. These include research and quality improvement projects designed to address specific organizational needs and align with SEHA's strategic priorities.

Table 2 Summary of JC activities

| Month | Title | Authors | Facilitators | Attendance | Aims and Outcomes |
|----------|---|------------------------|--------------|------------|---|
| Sep 2023 | A Hospital Nursing Research Enhancement Model | (Edward & Mills, 2013) | 3 | 68 | The article aimed to fill a gap, i.e., lack of research production among nurses. The article proposed a hospital-wide research-teaching model to increase research knowledge and capacity among nurses. The participants adopted several ideas and ended with a modified program, including multiple stages and initiatives that fit the SEHA. |
| Oct 2023 | Role of Nurses as Marketers | (Al Amiri & Ali, 2023) | 1 | 89 | The article aimed to assist nurses in understanding the marketing concept and gain the required skills to practice their role as marketers for their services, facilities, and profession. The participants recommended conducting new research, using quantitative design to confirm and generalize the proposed marketing model for nurses and in the SEHA context. |

| | | | | | |
|----------|--|--------------------------------|---|-----|---|
| Nov 2023 | Why Do Nurses Miss Infection Control Activities: A Qualitative Study | (Henderson et al., 2020) | 1 | 77 | The article discussed the reasons for missing infection control activities. The participants recommended conducting research in their context to assess the nurse's compliance with infection control activities in the era of cost reduction and resizing. |
| Jan 2024 | Ten Simple Rules for Reading a Scientific Paper | (Carey et al., 2020) | 1 | 96 | The article aimed to fill the gap in the knowledge and skills of nurses in reading scientific articles. The participants reviewed ten basic rules for reading scientific papers to assist them in preparing for JC discussions. |
| Feb 2024 | Acquisition of Competencies of Nurses: Improving the Performance of the Healthcare System | (Ortega-Lapiedra et al., 2023) | 2 | 136 | The article highlighted the need for a well-structured and multi-dimensions competency model for nurses working at the SEHA that could guide nursing educators. The participant recommended conducting research among the SEHA nurses to propose a specific competence model based on the accepted rules of nurses, culture, and resources. |
| Apr 2024 | The Role of the Nurse in Quality Improvement and Patient Safety | (Hickey & Giardino, 2019) | 1 | 85 | The article aimed to highlight the role of nurses in quality improvement initiatives. The article highlighted the role of quality improvement in improving healthcare safety and quality and the relationship of quality improvement to research and evidence-based practice. The participants proposed research to assess nursing knowledge and skills related to quality improvement by evaluating the quality of quality improvement projects initiated at SEHA hospitals and then planning how to improve the competence of nurses related to quality improvements. |
| May 2024 | I Speak Little Arabic: Nursing Communication in a Cross-Cultural Context | (Kuzemski et al., 2022) | 1 | 180 | The article investigated the challenges of cross-cultural communication among internationally qualified nurses in an Arabic context and their impact on nurse-to-nurse and nurse-to-patient relationships. The participants agreed about the need to enhance international nurses of Arabic language and culture. A group of participants initiated an Arabic language and culture club for non-Arab nurses to plan and facilitate non-structured online activities, to enhance Arabic learning and speaking. |
| Jun 2024 | Big Data Can Help Prepare Nurses and Improve Patient Outcomes by Improving Quality, Safety, and Outcomes | (Ahmad et al., 2023) | 1 | 96 | The article assisted nurses in understanding big data sets. The participants suggested fostering a data-driven culture among nurses by integrating big data analytics into their competencies and providing training to develop data analytics skills. The participants recommended exploring the utilization of data analytics among nurses and identifying enablers and barriers to data analytics among nurses working at the SEHA. |

Quantitative Data Analysis

The survey achieved a response rate of 62%, with 34 out of 55 eligible participants completing it. Respondents represented various healthcare facilities within SEHA. The majority held either a bachelor's or master's degree in nursing, were between the ages of 31 and 45, and were female. Most had between 6 and 25 years of professional nursing experience (Table 3).

Table 3 Respondent's demographic information

| Category | Subcategory | f | % | Category | Subcategory | f | % |
|-----------|-------------------------------|----|------|---------------------|-------------|----|------|
| Facility | Tawam Hospital | 7 | 20.6 | Age | 24-30 | 2 | 5.9 |
| | Sheikh Shakhboub Medical City | 7 | 20.6 | | 31-45 | 21 | 61.8 |
| | Sheikh Khalifa Medical City | 7 | 20.6 | | 46-60 | 11 | 32.4 |
| | Al Dhafra Hospitals | 10 | 29.4 | | Above 60 | 0 | 0 |
| | Al Corniche Hospital | 2 | 5.9 | Gender | Male | 2 | 5.9 |
| | Others | 1 | 2.9 | | Female | 32 | 94.1 |
| Education | Diploma | 1 | 2.9 | Experience in years | 1-5 | 2 | 5.9 |
| | Bachelor | 19 | 55.9 | | 6-15 | 13 | 38.2 |
| | Master | 14 | 41.2 | | 16-25 | 15 | 44.1 |
| | PhD | 0 | 0 | | Above 25 | 4 | 11.8 |
| Total | | 34 | 100 | Total | | 34 | 100 |

To assess the reliability and validity of the quantitative survey, the Shapiro-Wilk test was conducted to evaluate the normality of distribution, as it is appropriate for samples with fewer than 50 participants. A significance value greater than 0.05 would indicate that the data are normally distributed, while a value less than 0.05 suggests non-normality and leads to the rejection of the null hypothesis. In this study, the Shapiro-Wilk test results for both bivariate and multivariate distributions showed significance values below 0.05, indicating that the data did not follow a normal distribution (Table 4).

Table 4 Shapiro-Wilk Test

| Variable Pair | Shapiro-Wilk | p-value |
|-------------------------------|--------------|---------|
| Elements of JC - Benefits | 0.827 | <0.001 |
| Elements of JC - Satisfaction | 0.773 | <0.001 |
| Benefits of JC - Satisfaction | 0.800 | <0.001 |
| Multivariate Normality | 0.778 | <0.001 |

Given the non-normal distribution, Kendall's Tau and Spearman's Rho were used as alternatives to the Pearson correlation test for assessing relationships between variables. The internal consistency of the survey was evaluated using Cronbach's alpha. High reliability scores were recorded for all three scales: 0.98 for the implementation of the JC framework, 0.96 for the perceived benefits of JC, and 0.96 for participant satisfaction. The overall Cronbach's alpha for all items was 0.98, indicating excellent reliability.

Convergent validity was confirmed, with all item correlations exceeding the threshold of 0.5. Specifically, item correlations for the implementation scale ranged from 0.557 to 0.970, for the benefits scale from 0.799 to 0.954, and the satisfaction scale from 0.632 to 0.966. Discriminant validity was tested using the Heterotrait-Monotrait (HTMT) ratio of correlations, and the results confirmed the distinctiveness of each scale.

Descriptive analysis of the three scales, including mean (M) and standard deviations (SD), showed that the majority of respondents strongly agreed with survey items. All mean scores exceeded 4.0 out of 5, reflecting a positive assessment of the JC framework's implementation, its benefits, and participant satisfaction. The standard deviations were all ≤ 0.7 , suggesting that the responses were tightly clustered around the mean, with minimal variation and no significant outliers (Table 5).

Table 5 Respondent's perception of the JC implementation, benefits, and satisfaction

| Variable | Item | M | SD | Min. | Max. |
|---------------------------------|---|------|------|------|------|
| The JC framework implementation | The participants discussed the reasons for selecting the articles. | 4.38 | 0.60 | 3 | 5 |
| | The participants discussed how the selected articles related to their clinical problems. | 4.47 | 0.61 | 3 | 5 |
| | The participants reviewed the article information, including the title, the author's background, and the journal's information. | 4.50 | 0.51 | 4 | 5 |
| | The participants reviewed the main themes in the literature review of the selected articles. | 4.44 | 0.56 | 3 | 5 |
| | The participants discussed the methodologies used in the articles, including the research design, sample type and size, and data collection method. | 4.41 | 0.70 | 2 | 5 |
| | The participants discussed the data analysis techniques and data representations in the articles. | 4.38 | 0.70 | 2 | 5 |
| | The participants discussed the findings of the articles. | 4.44 | 0.66 | 2 | 5 |
| | The participants reviewed the discussions of the articles. | 4.44 | 0.66 | 2 | 5 |
| | The participants discussed the strengths of the articles. | 4.38 | 0.70 | 2 | 5 |
| | The participants discussed the weaknesses of the articles. | 4.35 | 0.73 | 2 | 5 |
| Benefits of the JC | Attending the journal club meetings improved my knowledge of the research process and steps more than before. | 4.53 | 0.51 | 4 | 5 |
| | Attending the journal club meetings improved my research appraisal skills than before. | 4.50 | 0.56 | 3 | 5 |
| | The journal club meetings ended with proposing specific future quality, evidence-based, or research projects. | 4.44 | 0.56 | 3 | 5 |
| Satisfaction of attendees | The facilitators showed expertise in the topics. | 4.56 | 0.66 | 2 | 5 |
| | The atmosphere of the meetings was respectful. | 4.56 | 0.66 | 2 | 5 |
| | The videoconferencing use was successful in the journal club meetings. | 4.53 | 0.56 | 3 | 5 |
| | I enjoyed the journal club discussions. | 4.53 | 0.66 | 2 | 5 |
| | The journal club discussion was beneficial. | 4.56 | 0.50 | 4 | 5 |
| | I encourage my colleagues to attend the journal club meetings. | 4.50 | 0.66 | 2 | 5 |

Correlation Analysis

The correlation analysis revealed strong positive relationships among the key variables. Specifically, there were high correlations between the implementation of the proposed JC framework and the perceived benefits of the JC, between the JC implementation and participants' satisfaction, and between the benefits of the JC and participants' satisfaction (Table 6).

Table 6 Correlation matrix using Kendall's Tau-B test

| Variable | 1 | 2 | 3 |
|----------------------|--------|--------|---|
| 1. JC Implementation | — | — | — |
| <i>p</i> -value | — | — | — |
| 2. Benefits | 0.823 | — | — |
| <i>p</i> -value | <0.001 | — | — |
| 3. Satisfaction | 0.778 | 0.894 | — |
| <i>p</i> -value | <0.001 | <0.001 | — |

As noted by Ratner (2009), a correlation coefficient of 0 indicates no correlation; values between 0 and 0.3 represent a weak positive correlation; 0.3 to 0.7 indicate a moderate positive correlation; and values between 0.7 and 1.0 suggest a strong positive correlation. The results of this study fall within the range of strong positive correlations, reinforcing the interconnected impact of JC implementation, perceived benefits, and participant satisfaction.

Qualitative Data Analysis

A total of 31 participants responded to the qualitative questions. Thematic analysis of the responses resulted in three main themes. The first theme was the perceived benefits of the JC meetings. Participants reported that the sessions contributed to updating their knowledge, enhancing their ability to read and critically analyze research articles, promoting evidence-based practice, engaging nurses in research activities, supporting professional development, and encouraging the application of research findings in clinical settings. One participant remarked, "It was good to review the article and get the moral from the author, and it was an analysis of how effective or beneficial to implement in our patient care areas." Another stated, "It enlightened my knowledge; I learned how to critique journals and now am busy with three researchers. It was impressive."

The second theme identified weaknesses in the current JC setup. Some participants expressed concerns about the limitations of the online format, noting that it lacked the interaction of face-to-face meetings. Others pointed out challenges related to fixed scheduling and the lack of preparation or engagement



by some attendees. As one respondent commented, “Many nurses attended the meeting from the work desk while on duty; it was not helpful.”

Table 7 Thematic analysis of the qualitative data

| Question | Codes | Frequency | Main Themes |
|--|---|-----------|--|
| In your opinion, what are the benefits of the JC? | Update knowledge | 15 | Positive perception of the benefits of JC activities |
| | Sharing knowledge | 2 | |
| | Motivate nurses | 1 | |
| | Improve research knowledge | 3 | |
| | Enhance staff engagement | 3 | |
| | Learn how to read and critique articles | 5 | |
| | Enhance critical thinking | 3 | |
| | Give new research ideas | 2 | |
| | Promote evidence-based practice | 4 | |
| | Develop research culture | 1 | |
| | Engage nurses in research | 5 | |
| | Utilize research findings for improvements in patient care/practice/ change. | 6 | |
| | Professional development/CNE | 4 | |
| | Learn how to conduct JC | 1 | |
| Total number of statements | | 55 | |
| In your opinion, what were the weaknesses of the JC? | It was online, not face-to-face | 4 | Perception of a few weaknesses in JC activities |
| | Low participation by attendees | 3 | |
| | Lack of critical appraisal skills | 1 | |
| | Some attendees did not read the article before discussion | 2 | |
| | It was conducted on a fixed date and time | 1 | |
| | Time-consuming | 1 | |
| | Many nurses attended the meeting in the middle of work | 1 | |
| | Attendance, sometimes, was difficult due to duty timing and meeting timing | 1 | |
| | The discussion time was not enough | 1 | |
| | Some members tended to forget if they had not received a reminder on the meeting day | 1 | |
| Total number of statements | | 16 | |
| What are your suggestions for improving the JC activities? | Make it mandatory for nurses | 1 | Improvements were suggested |
| | Motivate the audience to participate | 3 | |
| | Allow room for more discussion | 1 | |
| | Diverse article selection | 1 | |
| | It went well/Excellent/Interesting/No suggestion | 7 | |
| | Select common topics to attract more staff | 1 | |
| | Topics should be related to the clinical settings and avoid general topic | 1 | |
| | Have face-to-face meetings | 5 | |
| | Have some sessions for specific specialties | 2 | |
| | Get opinions from different facilities about day-to-day challenges in nursing practices | 1 | |
| | Find a way to make more people read the article | 1 | |
| Total number of statements | | 24 | |

The third theme focused on suggestions for improvement. Several participants proposed holding in-person meetings, selecting topics relevant to a broader range of clinical specialties, and introducing strategies to improve preparation and participation. For example, one participant suggested, “It could be helpful to

prepare a few pre- and post-questions related to the articles that may lead us to read the article in advance.”

Despite these areas for improvement, many respondents expressed satisfaction with the JC meetings and appreciation for SEHA’s support. One participant wrote, “I feel that we are doing great to continue doing this amazing job. I am happy to see SEHA supporting nurses.” Further qualitative responses and supporting examples are summarized in [Table 7](#).

Discussion

This study employed an action research design to implement and evaluate a JC framework proposed by [Al Amiri \(2024\)](#). The implementation strictly followed the framework’s components, including an action plan consisting of eight JC meetings conducted over a one-year period. Multiple methods were used to evaluate the outcomes and determine the effectiveness of the JC framework.

Initially, the use of online platforms enabled broad participation by nurses across geographically dispersed healthcare facilities. The attendance rate among active members was satisfactory. Additionally, several peripheral participants attended as observers, either due to interest in JC topics or to earn continuing education hours. Many of these peripheral attendees remained silent during discussions, likely due to inexperience or limited understanding of research appraisal. While this contradicts the recommendation of [Mattingly \(1966\)](#) to limit JC membership to five to eight individuals for optimal interaction, the presence of observers may still serve a valuable function by exposing new participants to research discussions and encouraging future engagement. Importantly, the meetings complied with Mattingly’s guidance regarding noise management, as microphones were muted while others were speaking, thereby maintaining order and preventing overcrowded discourse.

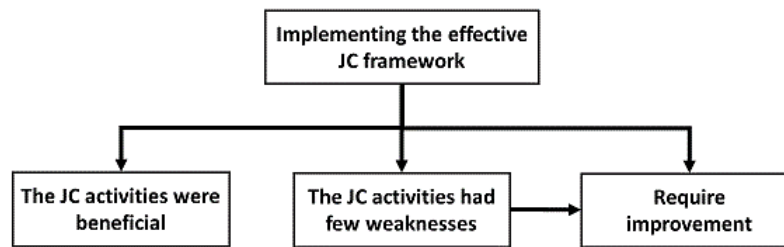
The review of JC records revealed that the meetings were held consistently as scheduled and adhered closely to the proposed framework. Article selection was conducted thoughtfully, and the discussions incorporated both a methodological approach, analyzing the clinical problem, literature review, methodology, results, discussion, and conclusion, and a problem-based approach, which emphasized how the articles could inform clinical practice and inspire future research. In addition, the meetings stimulated several research and quality improvement projects aligned with organizational priorities.

Quantitative data analysis indicated that most respondents strongly agreed on the successful implementation of the JC framework, perceived multiple benefits from participation, and expressed a high level of satisfaction. This highlights the vital role played by JC leaders in organizing the sessions, training and supporting



members, coordinating with management, and promoting the initiative through flyers and announcements. Their technical knowledge and facilitation skills contributed significantly to maintaining high-quality discussions and structured article appraisals. In short, effective leadership was instrumental to the JC's success, yielding notable outcomes and high attendee satisfaction.

The qualitative data revealed three overarching themes: the JC activities were beneficial, certain weaknesses were identified, and areas for improvement were suggested. [Figure 2](#) illustrates the connections among these themes.



[Figure 2](#) Links between themes extracted from the qualitative data

Participants noted several key benefits of the JC, including knowledge enhancement, application of research findings to improve patient care and nursing practices, skill development in reading and analyzing research, increased engagement in research, and promotion of evidence-based practice. However, they also pointed out some weaknesses, such as inconsistent preparation and participation, limited critical appraisal skills, and time constraints. These challenges could potentially be addressed through increased exposure to JC discussions, self-directed learning, and stronger managerial support. Since JC meetings were scheduled on the last Tuesday of each month from 15:00 to 16:00, it is advisable for nurses to communicate with their managers in advance to request schedule adjustments.

Participants also offered suggestions for improvement, such as holding face-to-face meetings and selecting topics relevant to diverse clinical specialties. These suggestions contrast with the assertion of [Schimböck and Eichhorn \(2018\)](#) that virtual JCs offer greater convenience and accessibility for nurses. Moreover, frequently changing meeting times was seen as counterproductive, as it limited nurses' ability to coordinate shift changes. Making attendance mandatory could also burden nurses already coping with long and variable duty hours.

Overall, the findings support the effectiveness and value of the proposed JC framework in enhancing nurses' professional development and improving patient care. Nonetheless, based on the qualitative data, there remains room for improvement in participation, preparation, and meeting structure.

Limitations

This study was conducted within a large healthcare organization with multiple facilities spread across a wide geographical area. To address this challenge, an online meeting format was adopted, which presented certain disadvantages such as limited interaction among participants unfamiliar with each other. The JC consisted of only eight meetings within one year, representing a single cycle, which may be insufficient for fully developing members' critical appraisal skills. Although eight meetings might seem limited, this number was appropriate considering nurses' busy schedules, shift work, and competing clinical and personal responsibilities. Additionally, this limited meeting frequency allowed participants to apply insights from discussions and encouraged broader nurse engagement, supporting long-term sustainability of the JC. The selected topics, however, did not always address the specific needs of nurses across different units and facilities. The sample size was relatively small but consistent with similar studies in this field. For example, [Mohamed et al. \(2024\)](#) included 40 participants, [Cahill et al. \(2023\)](#) involved 29, and [Milinkovic et al. \(2008\)](#) had 24 participants. This small sample size likely reflects a common trend in JC research due to the limited number of active core members involved. Moreover, most attendees were peripheral participants who joined one or two meetings, often attracted by announcements or the JC's reputation, or to obtain continuing professional education credits. These peripheral members generally did not prepare in advance or actively participate in discussions.

Conclusion

The JC initiative holds considerable potential for advancing nurses' professional development and improving nursing practice. In this study, implementing a structured JC framework was associated with perceived benefits, including enhanced knowledge, improved ability to critically appraise research, greater engagement in evidence-based practice, and the practical application of research findings. Participants also reported high levels of satisfaction with the JC experience. Based on these initial outcomes, continuing the JC initiative into the 2024–2025 cycle is recommended, with adjustments informed by participant feedback to further strengthen its impact. Expanding the program through unit-based JCs, guided by the same framework, is also encouraged. These localized clubs could focus on articles tailored to the clinical context of each unit, promote face-to-face collaboration, and allow scheduling flexibility. Such an approach may foster greater relevance, participation, and applicability to daily nursing practice. However, the successful implementation of unit-level JCs will require dedicated resources and additional training for facilitators, especially given



SEHA's vast network of facilities. Active involvement from nursing managers and clinical resource nurses will be essential to support these efforts and sustain long-term engagement.

Declaration of Conflicting Interest

The authors have declared no conflict of interest.

Funding

None.

Acknowledgment

None.

Authors' Contributions

Study conception and design: all authors; literature review: Nabeel Al Amiri & Khaled Al Qawasmeh; research actions: all authors; data collection: all authors; data analysis: Nabeel Al Amiri; and interpretation of results, drafted the manuscript, and approved the final version: all authors.

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Data Availability Statement

The dataset generated and analyzed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing

There is nothing to declare.

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How to Cite This Article

Al Amiri, N., Johnson, S., Al Qawasmeh, K., Abdulla, H. I., & Al Omari, E. (2025). Building an effective journal club among nurses: An action research from the United Arab Emirates. *Journal of Healthcare Administration*, 4(1), 82-98. <https://doi.org/10.33546/joha.3927>

